



BANK USE: 12 14 27103 4923

MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

Telephone: 410.841.5862

www.mda.maryland.gov

**REQUEST FOR VETERINARY TECHNICIAN PERSONAL HISTORY FORM
UPDATE TO REINSTATE REGISTRATION**

Name:

Last

First

Middle

(Maiden Name, if applicable)

Address:

Phone number: _____

E-mail address: _____
(Note: A veterinary technician reinstatement application will be sent to the above e-mail address.)

Maryland Veterinary Technician Number: _____

A check or money order in the amount of \$75.00 shall be made payable to Maryland Department of Agriculture. This fee is non-refundable. Include your name in the memo section of a check.

Mail this form and your payment to: Maryland Department of Agriculture
P.O. Box 17304
Baltimore, MD 21297-1304

TechReinstateRequFrm